



## SPECIAL NEEDS COMMUNICATION FORM

Date: 11/18/04To: DocFrom: BCCF HCUInmate Name: Wright, Richard ID#: 187140

The following action is recommended for medical reasons:

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

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## Comments:

Antifungal Cr. to affected area x 20 days  
KOP expires 12/08/04

Date: 11/18/04 MD Signature: Dr. Siddiq/MRines Time: 0100



## SPECIAL NEEDS COMMUNICATION FORM

Date: 11/16/04To: DocFrom: HueInmate Name: Wright, Richard ID#: 187140

The following action is recommended for medical reasons:

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_
5. Other \_\_\_\_\_

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 NOT TO BE PHOTO COPIED

## Comments:

① Benzoyl Peroxide to affected area x 20 days  
 due to razor bumps KOP 12/06/04

② Anti fungal cr to affected area x 20 days KOP  
 due to itchy w/ pins 12/06/04

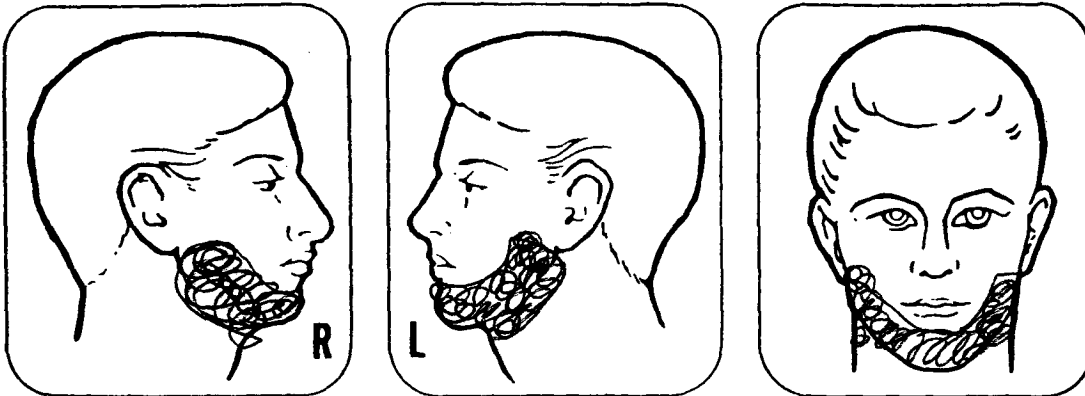
Date: 11/16/04 MD Signature: D. Siddle / M. Rues Time: 0200

# DEPARTMENT OF CORRECTIONS

## SHAVE PROFILE AUTHORIZATION

DATE: 5/5/05 ORIGINATING INSTITUTION/WORK RELEASE CENTER VentresREASON FOR PROFILE lashTREATMENT: shave to 1/8" in shaded area

### SHAVE PROFILE INSTRUCTIONS



1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
3. The type shave to be used is clipper.
4. This shaving profile expires on 5/5/06.
5. Any corrections automatically cancel this profile authorization.
6. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be completed and distributed appropriately.
7. Designated copies of this Shaving Profile Authorization have been distributed to:

☐ Warden \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
☒ Inmate 5/5/05  
 DATE DATE

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M. Benefield Jr.  
 NURSE'S SIGNATURE  
 (Distributed By)

Dr. Rayapati  
 PHYSICIAN'S SIGNATURE  
 (Authorization)

FULL NAME (Last, First, Middle)	Date-of-Birth	Age	R/S	AIS #
<u>Wright, Richard</u>	<u>8-15-67</u>		<u>B/M</u>	<u>187,40</u>

ORIGINAL - Blue Medical Jacket  
 YELLOW - Inmate

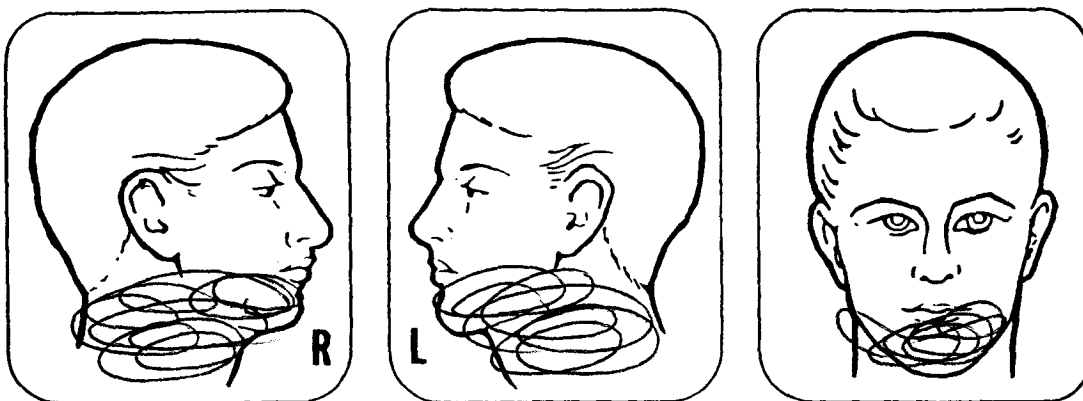
Richard W. Wright Jr.

PINK - Warden

# DEPARTMENT OF CORRECTIONS SHAVE PROFILE AUTHORIZATION

DATE: 03/02/05 ORIGINATING INSTITUTION/WORK RELEASE CENTER BullockREASON FOR PROFILE Polygon BumpsTREATMENT: Shaving profile x 60 days

## SHAVE PROFILE INSTRUCTIONS



1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
3. The type shave to be used is clipper.
4. This shaving profile expires on \_\_\_\_/\_\_\_\_/\_\_\_\_.
5. Any corrections automatically cancel this profile authorization.
6. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be completed and distributed appropriately.
7. Designated copies of this Shaving Profile Authorization have been distributed to:

☐ Warden \_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

☐ Inmate \_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

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**NOT TO BE PHOTO COPIED**

V. Smith W. PO  
NURSE'S SIGNATURE  
(Distributed By)

Dr. S. Smith  
PHYSICIAN'S SIGNATURE  
(Authorization)

FULL NAME (Last, First, Middle)	Date-of-Birth	Age	R/S	AIS #
<u>Wright Richard</u>	<u>8/15/67</u>		<u>Bm</u>	<u>187140</u>

ORIGINAL - Blue Medical Jacket  
YELLOW - Inmate

PINK - Warden

# DEPARTMENT OF CORRECTION

## SHAVE PROFILE AUTHORIZATION

DATE: 3/02/05 ORIGINATING INSTITUTION/WORK RELEASE CENTER BulluckREASON FOR  
PROFILE Razor bumps

TREATMENT:

Shaving Profile x 60 days  
benzoyl. peroxide x 20 days. LFP 3/19/05.

## SHAVE PROFILE INSTRUCTIONS



1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
3. The type shave to be used is clipper.
4. This shaving profile expires on \_\_\_\_/\_\_\_\_/\_\_\_\_.
5. Any corrections automatically cancel this profile authorization.
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7. Designated copies of this Shaving Profile Authorization have been distributed to:

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 NOT TO BE PHOTO COPIED

☐ Warden \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DATE  
☐ Inmate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DATE

*Richard W. Wright*

*[Signature]*  
 PHYSICIAN'S SIGNATURE  
 (Authorization)

*[Signature]*  
 NURSE'S SIGNATURE  
 (Distributed By)

FULL NAME (Last, First, Middle)

Date-of-Birth

Age

R/S

AIS #

*Wright Richard*

*8/15/67*

*2m 189/140*

ORIGINAL - Blue Medical Jacket  
 YELLOW - Inmate

PINK - Warden

# **DEPARTMENT OF CORRECTIONS** **SHAVE PROFILE AUTHORIZATION**

DATE: 3/02/05 ORIGINATING INSTITUTION/WORK RELEASE CENTER Ve + Kess

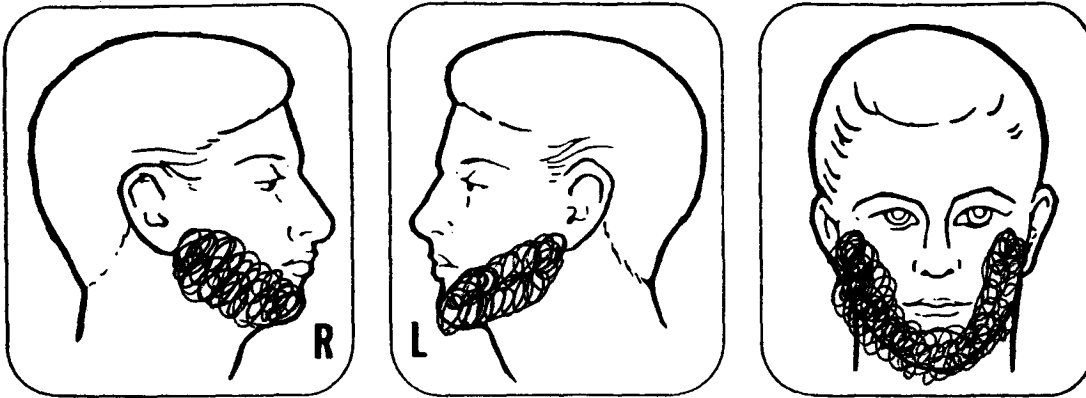
REASON FOR  
PROFILE

Razor Bumps

TREATMENT:

Shaving profile x 60 days  
Benzoyl Peroxide x 20 days 3/19/05  
No mustache No side burn

## SHAVE PROFILE INSTRUCTIONS



1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
3. The type shave to be used is clipper.
4. This shaving profile expires on 6/2/05.
5. Any corrections automatically cancel this profile authorization.
6. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be completed and distributed appropriately.
7. Designated copies of this Shaving Profile Authorization have been distributed to:

☐ Warden        /        /         
DATE

☐ Inmate        /        /         
DATE

*Richard W. Wright*

*[Signature]*  
NURSE'S SIGNATURE  
(Distributed By)

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**CONFIDENTIAL RECORD**  
**NOT TO BE PHOTO COPIED**

PHYSICIAN'S SIGNATURE  
(Authorization)

FULL NAME (Last, First, Middle)	Date-of-Birth	Age	R/S	AIS #
<u>Wright Richard</u>	<u>8-15-67</u>		<u>B/m</u>	<u>187140</u>

ORIGINAL - Blue Medical Jacket  
YELLOW - Inmate

PINK - Warden

# DEPARTMENT OF CORRECTIONS

## SHAVE PROFILE AUTHORIZATION

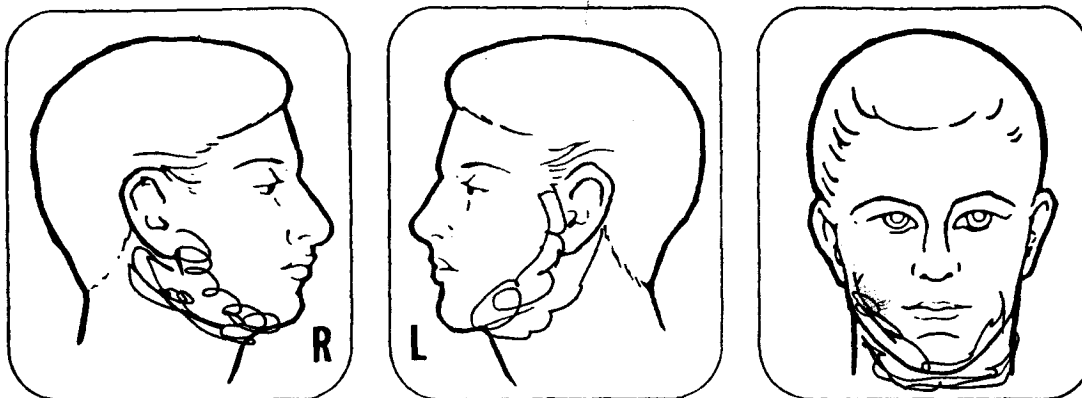
DATE: 11/18/04 ORIGINATING INSTITUTION/WORK RELEASE CENTER \_\_\_\_\_REASON FOR  
PROFILEBumps from Razor

TREATMENT:

Shaving Profile X 60 days

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## SHAVE PROFILE INSTRUCTIONS



1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
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4. This shaving profile expires on 01/18/05.
5. Any corrections automatically cancel this profile authorization.
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7. Designated copies of this Shaving Profile Authorization have been distributed to:

☐ Warden \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 DATE

☐ Inmate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 DATE
Mary Ruess RNURSE'S SIGNATURE  
(Distributed By)D. Siddig/M. RuessPHYSICIAN'S SIGNATURE  
(Authorization)

FULL NAME (Last, First, Middle)	Date-of-Birth	Age	R/S	AIS #
<u>Wright, Richard</u>	<u>8-15-67</u>			<u>187140</u>

ORIGINAL - Blue Medical Jacket  
YELLOW - Inmate

PINK - Warden



# DEPARTMENT OF CORRECTIONS

## SHAVE PROFILE AUTHORIZATION

DATE: 11/19/00 ORIGINATING INSTITUTION/WORK RELEASE CENTER BulluckREASON FOR  
PROFILERoger Bamps

TREATMENT:

Shaving profile X60 days

## SHAVE PROFILE INSTRUCTIONS



1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
3. The type shave to be used is clipper.
4. This shaving profile expires on 1/19/04.
5. Any corrections automatically cancel this profile authorization.
6. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be completed and distributed appropriately.
7. Designated copies of this Shaving Profile Authorization have been distributed to:

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 NOT TO BE PHOTO COPIED

☐ Warden        /        /         
 DATE

☐ Inmate        /        /         
 DATE

M. Jackson LPN  
 NURSE'S SIGNATURE  
 (Distributed By)

Dr. Siddig / M. Jackson  
 PHYSICIAN'S SIGNATURE  
 (Authorization)

FULL NAME (Last, First, Middle)	Date-of-Birth	Age	R/S	AIS #
<u>Wright, Richard</u>	<u>8-15-07</u>		<u>B/m</u>	<u>187140</u>

ORIGINAL - Blue Medical Jacket  
 YELLOW - Inmate

PINK - Warden

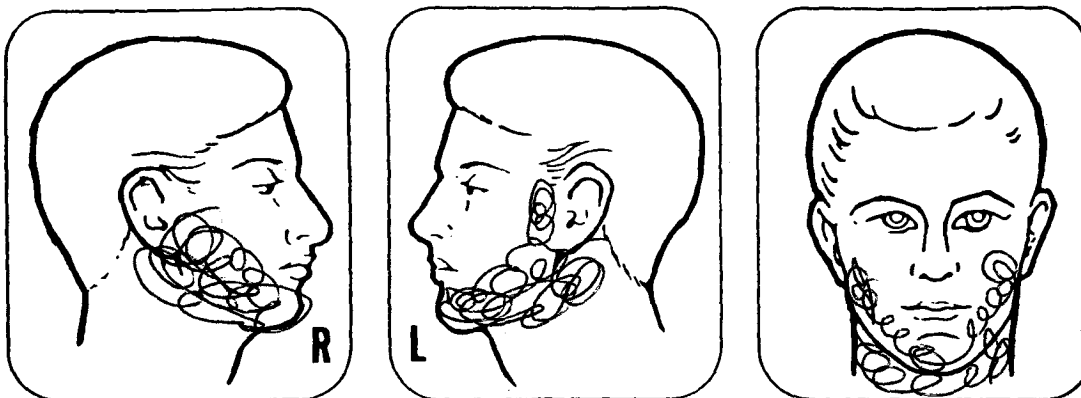


# DEPARTMENT OF CORRECTIONS

## SHAVE PROFILE AUTHORIZATION

DATE: 11/16/05 ORIGINATING INSTITUTION/WORK RELEASE CENTER \_\_\_\_\_REASON FOR PROFILE Burns from RazorTREATMENT: Shave Profile 14 days

### SHAVE PROFILE INSTRUCTIONS



1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
3. The type shave to be used is clipper.
4. This shaving profile expires on 11/16/05.
5. Any corrections automatically cancel this profile authorization.
6. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be completed and distributed appropriately.
7. Designated copies of this Shaving Profile Authorization have been distributed to:

☐ Warden \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

☐ Inmate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

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NOT TO BE PHOTO COPIED

M. Kneen  
NURSE'S SIGNATURE  
(Distributed By)

Dr. Siddiq / M. Kneen  
PHYSICIAN'S SIGNATURE  
(Authorization)

FULL NAME (Last, First, Middle)	Date of Birth	Age	R/S	AIS #
<u>Wright, Richard</u>	<u>11/16/61</u>			<u>187140</u>

ORIGINAL - Blue Medical Jacket  
YELLOW - Inmate

PINK - Warden

ALABAMA DEPARTMENT OF CORRECTIONS  
**MENTAL HEALTH SERVICES**  
**MENTAL HEALTH CONSULTATION TO DISCIPLINARY PROCESS**

Inmate Name: Richard Wright AIS#: BM/187140  
 Institution: BCCF Date of Disciplinary Report: Nov. 3, 2004

#31 Assault on Another Inmate  
 Is the inmate currently on the mental health caseload? Yes ☐ No ☒  
 If Yes, referred for mental health evaluation/consultation on: November 8, 2004  
Mental Health Outpatient

**HEARING OFFICER:**

Hearing officer must refer the inmate for mental health consultation if the inmate appears unable to understand what the charge is and what might happen as a result of the charge or the inmate appears unable to actively participate in the hearing as suggested by the following:

Does the inmate know where he is?  
 Is the inmate appropriately dressed?  
 Does the inmate make sense?

Does the inmate know what date it is?  
 Is inmate able to speak coherently?  
 Are the inmate's statements logical and organized or unusual?

Does inmate know why he is seeing hearing officer?  
 Does the inmate avoid eye contact?

Should the inmate be referred for mental health evaluation of competency? Yes ☐ No ☐  
 -- If Yes, referred for mental health evaluation/consultation on: \_\_\_\_\_

**MENTAL HEALTH STAFF:**

Date request for consult received: 11-9-04 Date consult returned: 11-9-04

Is the inmate competent to participate in the hearing?  
 If NO, why is the inmate not competent?

Yes ☒ No ☐

If NO, what treatment will assist the inmate in becoming competent?

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Are there mental health issues that may have impacted inmate's behavior or performance of the charge?  
 If YES, briefly describe the issues:

Yes ☐ No ☒

Are there mental health issues to be considered regarding disposition if the inmate is found guilty?  
 If YES, briefly describe the issues and possible relation to the disposition:

Yes ☐ No ☒

Does mental health staff want to be present at the disciplinary hearing to provide input?

Yes ☐ No ☒

Mental Health Staff Member: Mike Hamme Phone Contact: 132

**DISCIPLINARY HEARING:**

Does the inmate appear to be competent to participate in the hearing?  
 Have the mental health recommendations been considered?

Yes ☐ No ☐  
 Yes ☐ No ☐

Hearing Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Inmate Name	AIS #
-------------	-------

ALDOC Form 466-01

5 of 5

was reviewed in the MH staff meeting and interviewed  
 me in the seg. unit. His thinking was clear. He  
 was oriented in all spheres. He was able to explain his side  
 of the incident. He can go to disciplinary court.  
 File: Mrs. Perry log: MTHM Mike Hamme 411

AR 466 - December 11, 2001

ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
REFERRAL TO MENTAL HEALTH

Inmate Name: Wright, Richard AIS# 187140 Date of Referral: 11-3-04

REASON FOR REFERRAL:

☐ CRISIS INTERVENTION

☐ Family problem: Picking fights

☒ Problems with other inmates: Non compliance - off meds

☐ Recent stress: 3

☐ Other:

☐ EVALUATION OF MENTAL STATUS

☐ Suicidal

☐ Anxious

☐ Physical complaints

☐ Homicidal

☐ Depressed

☐ Sleep disturbance

☐ Mutilative

☐ Withdrawn

☐ Hallucinations/delusions

☒ Hostile, angry

☐ Poor hygiene

☐ Suspicious

☐ Other inappropriate behavior: hxc SMI

☐ EVALUATION OF NEED FOR PSYCHIATRIC EVALUATION

☒ HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO RECEPTION/TRANSFER

☐ OTHER: Non Compliant

COMMENTS:

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Referred by: E. Williams, RN Phone Contact #: #119

☐ Referral for psychiatrist (referral has been screened by mental health or medical staff)

MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

Follow-Up by:

Date:

Inmate Name

Wright, Richard

AIS #